STATE OF CALIFORNIA **SUBJECT MATTER EXPERT APPLICATION**1800 37A-642 (REV. 12/05)

BOARD OF BEHAVIORAL SCIENCES 1625 NORTH MARKET BLVD., SUITE S200, SACRAMENTO, CA 95834 TELEPHONE: (916) 574-7830 TDD: (916) 322-1700 WEBSITE ADDRESS: http://www.bbs.ca.gov

MFT AND LCSW LICENSEES ONLY

Submit this application WITH YOUR CURRENT RESUME to the Board's Examination Unit at the above address	

Sectio	n A	PERSONAL IN	IFORMA	TION								
Last Name						Fii Na					MI	
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Sectio	n B	REQUIREMEN	NTS									
Do vor	ı curre	ntly perform a mini	mum of ty	venty ho	ours of tr	aining.	supervision.	education, or cl	linical ex	nerienc	e per	week?
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	No	Yes										
How m	nany ho	ours of face-to-face	therapy de	o vou pe	rform p	er week	?	hours.				
How Ic	ong hav	ve you been workin	g in the fig	eld unde	r your li	cense?		years.				
Degree												
(i.e., M.	S in Psy	ychology, MSW, etc.)						Date A	warded:			
Section	n C	QUESTIONNA	IRE									
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Have y	ou eve	er served as an Oral	Examiner	for the	Board?							
	No	Yes		If YE	S. when	did voi	ı last serve as	an Oral Exam	iner?			
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Have v	ou eve	er participated in an	examinati	on deve	lopment	worksł	op for the Bo	oard?				
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